

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): Chapter 7

☐ Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Bells-Savoy Community Emergency Services, Inc.

2. All other names debtor used in the last 8 years Texas Vital Care EMS

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN) 7 5 - 1 7 3 6 3 1 7

4. Debtor's address

Principal place of business

612 E Bells Blvd

Number Street

Bells, TX 75414-4212

City State ZIP Code

Grayson

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☒ Other. Specify: Corporation (Non-Profit) 503(c)(3)

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_

Name

**7. Describe debtor's business**

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 9

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check all that apply:  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No  
☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No  
☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY  
Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☐ No

☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☒ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☒ Other Medical Supplies with Expiration Dates

**Where is the property?** 612 E Bells Blvd

Number Street

Bells  
City

TX  
State

75414-4212  
ZIP Code

**Is the property insured?**

☒ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☐ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☒ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/12/2023  
MM/ DD/ YYYY

X

/s/ Jason Jones

Signature of authorized representative of debtor

Jason Jones

Printed name

Title Director

**18. Signature of attorney**

X

/s/ Joseph F. Postnikoff

Signature of attorney for debtor

Date 06/12/2023  
MM/ DD/ YYYY

Joseph F. Postnikoff  
Printed name

Rochelle McCullough, LLP  
Firm name

300 Throckmorton St Ste 520  
Number Street

Fort Worth  
City

TX  
State

76102-2929  
ZIP Code

(817) 347-5260  
Contact phone

jpostnikoff@romclaw.com  
Email address

16168320  
Bar number

TX  
State

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\_\_\_\_\_

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 First United Bank

Checking account

8375

\$1.00

Additional Page Total - See continuation page for additional entries

\$1,351.31

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,352.31

#### Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.

☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

None

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

None

**9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of debtor's interest

**11. Accounts Receivable**

11a. 90 days old or less: \$292,606.51 - \$234,085.20 = ..... → \$58,521.31  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$2,236,442.46 - \$1,789,153.90 = ..... → \$447,288.50  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$505,809.81

**Part 4: Investments**

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of fund or stock: % of ownership:

None

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

None

**17. Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

None

**20. Work in progress**

None

**21. Finished goods, including goods held for resale**

None

**22. Other inventory or supplies**

22.1 Medical Supplies 03/01/2023 (Unknown) Market Price \$5,000.00  
MM / DD / YYYY

**23. Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$5,000.00

**24. Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops — either planted or harvested**

None

**29. Farm animals** *Examples: Livestock, poultry, farm-raised fish*

None

**30. Farm machinery and equipment** (Other than titled motor vehicles)

None

**31. Farm and fishing supplies, chemicals, and feed**

None

**32. Other farming and fishing-related property not already listed in Part 6**

None

**33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

☒ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

☒ No

☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes. Fill in the information below.



Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1 <u>Office furniture</u>	<u>(Unknown)</u>		<u>\$2,000.00</u>
<b>40. Office fixtures</b>			
None			
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
41.1 <u>3 Zoll Refurbished X Series Defibrillators with attachments and accessories</u>	<u>(Unknown)</u>		<u>\$35,000.00</u>
<b>Additional Page Total - See continuation page for additional entries</b>			<u>\$83,000.00</u>
<b>42. Collectibles</b> Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
None			
<b>43. Total of Part 7</b>			<u>\$120,000.00</u>
Add lines 39 through 42. Copy the total to line 86.			
<b>44. Is a depreciation schedule available for any of the property listed in Part 7?</b>			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
<b>45. Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>			
<b>46. Does the debtor own or lease any machinery, equipment, or vehicles?</b>			
<input type="checkbox"/> No. Go to Part 9.			
<input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u>2014 Ford E-Series Cargo E-250 Van / VIN: 1FTNE2EW2EDA14302 Wheelchair Van</u>	<u>(Unknown)</u>		<u>\$25,000.00</u>

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

47.2 2014 Ram Braun 4500 / VIN: 3C7WRKBL4DG532715 Medical Vehicle (Unknown) \$79,650.00

47.3 2022 Ford Crestline F-350 / VIN: 1FDRF3HT0NEE69391 Medical Vehicle (Unknown) \$236,677.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:*  
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. **Aircraft and accessories**

None

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

None

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$341,327.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No  
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real Property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

General description Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

55.1 Land Fee Simple (Unknown) Grayson \$550,000.00  
612 E Bells Blvd Bells, TX 75414-4212

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$550,000.00

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10:** Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

None

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

63.1 <u>Medical Records</u>	<u>(Unknown)</u>		<u>\$0.00</u>
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64. Other intangibles, or intellectual property

64.1 <u>Other intangibles</u>	<u>(Unknown)</u>		<u>\$1,000.00</u>
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65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$1,000.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

☐ No. Go to Part 12.

☒ Yes. Fill in the information below.

Current value of debtor's  
interest

71. Notes receivable

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

72.1 Employee Retention Credit (Pending) Tax year: 2020, 2021 \$1,285,567.00

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$1,285,567.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$1,352.31</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$505,809.81</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$5,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$120,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$341,327.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$550,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$1,285,567.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$2,260,056.12</u>	+ 91b. <u>\$550,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		<u>\$2,810,056.12</u>

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

**Additional Page**

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**3. Checking, savings, money market, or financial brokerage accounts - *Continued***

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.2 <u>Cendera Bank, N.A.</u>	<u>Checking account</u>	<u>3060</u>	<u>\$1.00</u>
3.3 <u>Cendera Bank, N.A.</u>	<u>Checking account</u>	<u>0024</u>	<u>\$1.00</u>
3.4 <u>Legend Bank</u>	<u>Checking account</u>	<u>9994</u>	<u>\$1,343.31</u>
3.5 <u>First United Bank</u>	<u>Checking account</u>	<u>9817</u>	<u>\$1.00</u>
3.6 <u>First United Bank</u>	<u>Checking account</u>	<u>9868</u>	<u>\$1.00</u>
3.7 <u>First United Bank</u>	<u>Checking account</u>	<u>9728</u>	<u>\$1.00</u>
3.8 <u>Cendera Bank, N.A.</u>	<u>Checking account</u>	<u>4629</u>	<u>\$1.00</u>
3.9 <u>First United Bank</u>	<u>Savings account</u>	<u>7288</u>	<u>\$1.00</u>
3.10 <u>Cendera Bank, N.A.</u>	<u>Money market account</u>	<u>3761</u>	<u>\$1.00</u>

**General description**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

**41. Office equipment - *Continued***

41.2 <u>Office Equipment, Computer Equipment and Communication Systems Equipment and Software</u>	<u>(Unknown)</u>		<u>\$5,000.00</u>
41.3 <u>6 Stryker Power Pro XT Cot Model 6506 Stretchers with attachments and accessories</u>	<u>(Unknown)</u>		<u>\$60,000.00</u>
41.4 <u>4 Alaris 8015 Infusion Pumps with attachments and accessories</u>	<u>(Unknown)</u>		<u>\$6,000.00</u>
41.5 <u>12 Alaris 8100 Infusion Pumps with attachments and accessories</u>	<u>(Unknown)</u>		<u>\$12,000.00</u>

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

## 2.1 Creditor's name

Bruce Stidham Tax Assessor-Collector

## Describe debtor's property that is subject to a lien

\$0.00

unknown

## Creditor's mailing address

100 Houston 11

Sherman, TX 75090

## Describe the lien

Real Property Taxes

## Creditor's email address, if known

## Is the creditor an insider or related party?

- ☒ No  
☐ Yes

## Date debt was incurred

2023

## Is anyone else liable on this claim?

- ☒ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## Last 4 digits of account number

3 0 1 6

## Do multiple creditors have an interest in the same property?

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

## As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$799,652.99

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

<b>Part 1:</b> Additional Page	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>2.2 Creditor's name</b> <u>Cendera Bank, N.A.</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Land</u>	<u>\$124,845.81</u>
<b>Creditor's mailing address</b> <u>615 E Bells Blvd</u> <u>Bells, TX 75414-4261</u>	<b>Describe the lien</b> <u>Deed of Trust</u>	<u>\$550,000.00</u>
<b>Creditor's email address, if known</b> _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Date debt was incurred</b> <u>9/16/2022</u>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
<b>Last 4 digits of account number</b> <u>8 1 0 0</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <b>1) Cendera Bank, N.A.;</b> 2) Cendera Bank, N.A. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____		



Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

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**Part 1:** Additional Page*Column A***Amount of claim**Do not deduct the value  
of collateral.*Column B***Value of collateral  
that supports this  
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially  
from the  
previous page.**

<b>2.3</b>	<b>Creditor's name</b> <u>Cendera Bank, N.A.</u>	<b>Describe debtor's property that is subject to a lien</b> <u>Land</u>	<u>\$126,684.38</u>	<u>\$550,000.00</u>
	<b>Creditor's mailing address</b> <u>615 E Bells Blvd</u> <u>Bells, TX 75414-4261</u>	<b>Describe the lien</b> <u>Deed of Trust</u>		
	<b>Creditor's email address, if known</b> _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> <u>9/26/2022</u>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Last 4 digits of account number</b> <u>2</u> <u>1</u> <u>0</u> <u>0</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.2</u>			

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 1: Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p><b>2.4 Creditor's name</b> <u>Cendera Bank, N.A.</u></p> <p><b>Creditor's mailing address</b> <u>615 E Bells Blvd</u> <u>Bells, TX 75414-4261</u></p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b>      <u>9/16/2022</u></p> <p><b>Last 4 digits of account number</b>      <u>4</u> <u>2</u> <u>0</u> <u>0</u></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p style="margin-left: 40px;"><u>For 2022 Ford Crestline F-350:</u> <b>1) Cendera Bank, N.A.;</b> 2) First United Bank and Trust Co</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>2022 Ford Crestline F-350, 2014 Ram Braun 4500</u></p> <p><b>Describe the lien</b> <u>Title</u></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$299,178.27</u></p> <p><u>\$316,327.00</u></p>

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

<b>Part 1:</b> Additional Page	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>2.5 Creditor's name</b> <u>First United Bank and Trust Co</u>  <b>Creditor's mailing address</b> <u>Dennison Main Community Bank</u> <u>931 W. Main</u> <u>Denison, TX 75020</u>  <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> <u>10/21/2022</u>  <b>Last 4 digits of account number</b> <u>9</u> <u>2</u> <u>8</u> <u>7</u>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.4</u>	<b>Describe debtor's property that is subject to a lien</b> <u>2022 Ford Crestline F-350</u>  <b>Describe the lien</b> <u>Commercial Security Agreement on collateral</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 1.2em;"></div>

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

<b>Part 1: Additional Page</b>  <b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>2.6 Creditor's name</b> <u>First United Bank and Trust Co</u>  <b>Creditor's mailing address</b> <u>Dennison Main Community Bank</u> <u>931 W. Main</u> <u>Denison, TX 75020</u>  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred</b> <u>9/28/2022</u>  <b>Last 4 digits of account number</b> <u>3</u> <u>0</u> <u>8</u> <u>2</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>2014 Ford E-Series Cargo E-250 Van</u>  <b>Describe the lien</b> <u>Title</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; margin-bottom: 5px;">\$48,891.53</div> <div style="border-top: 1px solid black; margin-bottom: 5px;">\$25,000.00</div>



Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Adam Z. Mitchell

104 Mark Dr.

Denison, TX 75021

Date or dates debt was incurred

Last 4 digits of account  
number                    

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

Former Employee

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$0.00

Priority amount

\$0.00

2.2 Priority creditor's name and mailing address

Amber N. Castle

910 W. 8th St.

Bonham, TX 75418

Date or dates debt was incurred

Last 4 digits of account  
number                    

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

Former Employee

Is the claim subject to offset?

☒ No

☐ Yes

\$0.00

\$0.00

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

<b>2.3</b>	<b>Priority creditor's name and mailing address</b> <u>Andrea M. Tinoco</u> <u>411 County Road 33450</u> <u>Sumner, TX 75486</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,168.00</u> <u>\$1,168.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.4</b>	<b>Priority creditor's name and mailing address</b> <u>Belinda D. Swearingin</u> <u>7674 County Road 4617</u> <u>Wolfe City, TX 75496</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$983.85</u> <u>\$983.85</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.5</b>	<b>Priority creditor's name and mailing address</b> <u>Billy G. Cox</u> <u>PO Box 150</u> <u>Collinsville, TX 76233</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$5,151.03</u> <u>\$5,151.03</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

<b>2.6</b>	<b>Priority creditor's name and mailing address</b> <u>Chad J. Brem</u> <u>3674 Us Highway 69</u> <u>Denison, TX 75021-5966</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$5,083.02</u> <u>\$5,083.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.7</b>	<b>Priority creditor's name and mailing address</b> <u>Christopher R. Anderson</u> <u>815 W Sears St</u> <u>Denison, TX 75020</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$321.63</u> <u>\$321.63</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.8</b>	<b>Priority creditor's name and mailing address</b> <u>Claudia Michelle Garrison</u> <u>10733 W US Hwy 82</u> <u>Savoy, TX 75479</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$218.48</u> <u>\$218.48</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

Part 1: Additional Page

<p><b>2.9</b> Priority creditor's name and mailing address</p> <p><u>Cody R. Auldridge</u></p> <p><u>508 W Denison Circle</u></p> <p><u>Bells, TX 75414</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>\$5,489.60</u> <u>\$5,489.60</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.10</b> Priority creditor's name and mailing address</p> <p><u>Conner D. Brinkley</u></p> <p><u>3430 W Houston St</u></p> <p><u>Paris, TX 75460</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>\$477.60</u> <u>\$477.60</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.11</b> Priority creditor's name and mailing address</p> <p><u>Courtney L. Spence</u></p> <p><u>1855 Winn Rd.</u></p> <p><u>Collinsville, TX 76233</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u> <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Former Employee</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 1: Additional Page

<b>2.12</b>	<b>Priority creditor's name and mailing address</b> <u>Courtney M. Tallos</u> <u>3412 Lynbrook Dr.</u> <u>Plano, TX 75075</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,964.38</u> <u>\$2,964.38</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.13</b>	<b>Priority creditor's name and mailing address</b> <u>Cramer D. Castle</u> <u>PO Box 11</u> <u>Gober, TX 75443</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,560.56</u> <u>\$2,560.56</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.14</b>	<b>Priority creditor's name and mailing address</b> <u>Dakota L. Dickey</u> <u>33 Macarthur Dr</u> <u>Denison, TX 75020-6560</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,111.50</u> <u>\$3,111.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

Part 1: Additional Page

<b>2.15</b>	<b>Priority creditor's name and mailing address</b> <u>Dakota W. Hunter</u> <u>901 Sunset St.</u> <u>Howe, TX 75459</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,392.00</u> <u>\$1,392.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.16</b>	<b>Priority creditor's name and mailing address</b> <u>David Groom</u> <u>504 Dusty Ln.</u> <u>Sherman, TX 75092</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$40.11</u> <u>\$40.11</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.17</b>	<b>Priority creditor's name and mailing address</b> <u>David Y. Perez</u> <u>1117 Reed Cir.,</u> <u>Howe, TX 75459</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.18</b>	<b>Priority creditor's name and mailing address</b> <u>Debbie Albert</u> <u>1260 Eastline Rd</u> <u>Bells, TX 75414-2611</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$804.79</u> <u>\$804.79</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.19</b>	<b>Priority creditor's name and mailing address</b> <u>Destany K. Lashley</u> <u>3013 Northridge Dr. 1105</u> <u>Sherman, TX 75090</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.20</b>	<b>Priority creditor's name and mailing address</b> <u>Diana K. Scriven</u> <u>3050 E. Lamar St.</u> <u>Sherman, TX 75090</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.21</b>	<b>Priority creditor's name and mailing address</b> <u>Don F. Towns, III</u> <u>2300 Sable Wood Dr.</u> <u>Anna, TX 75409</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.22</b>	<b>Priority creditor's name and mailing address</b> <u>Donna Abbott</u> <u>242 W Lake St</u> <u>Sherman, TX 75090</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,706.25</u> <u>\$1,706.25</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.23</b>	<b>Priority creditor's name and mailing address</b> <u>Gary T. Halberstadt</u> <u>13029 Palmera Dr.</u> <u>Little Elm, TX 75068</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$8,401.27</u> <u>\$8,401.27</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>2.24</b> Priority creditor's name and mailing address</p> <p><u>Gregory Agle</u></p> <p><u>900 S FM 1417</u></p> <p><u>Sherman, TX 75092</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>\$3,279.37</u> <u>\$3,279.37</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <p><u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.25</b> Priority creditor's name and mailing address</p> <p><u>Hannah G. Foster</u></p> <p><u>2300 Sable Wood Dr.</u></p> <p><u>Anna, TX 75409</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u> <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <p><u>Former Employee</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.26</b> Priority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>Special Procedures-Insolvency</u></p> <p><u>P.O. Box 7346</u></p> <p><u>Philadelphia, PA 19101</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 3 1 7</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>\$7,764.97</u> <u>\$7,764.97</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <p><u>941 Employers Federal Tax</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>2.27</b>	<b>Priority creditor's name and mailing address</b> <u>Issac L. Weaver</u> <u>207 E. Travis St.</u> <u>Leonard, TX 75452</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,521.13</u> <u>\$2,521.13</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.28</b>	<b>Priority creditor's name and mailing address</b> <u>Jacob R. Taylor</u> <u>558 Nunnalee Ave.</u> <u>Van Alstyne, TX 75495</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,998.00</u> <u>\$1,998.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.29</b>	<b>Priority creditor's name and mailing address</b> <u>James Hudson</u> <u>PO Box 343</u> <u>Savoy, TX 75479</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$804.79</u> <u>\$804.79</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.30</b>	<b>Priority creditor's name and mailing address</b> <u>James M. Morrison</u> <u>1872 S. Shore Dr</u> <u>Bonham, TX 75418</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,118.50</u> <u>\$3,118.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.31</b>	<b>Priority creditor's name and mailing address</b> <u>Jason K. Devore</u> <u>8714 County Road 1039</u> <u>Blue Ridge, TX 75424-3734</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,816.00</u> <u>\$2,816.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.32</b>	<b>Priority creditor's name and mailing address</b> <u>Jason M. Brocato</u> <u>202 Fitzgerald Ct</u> <u>Tioga, TX 76271-2606</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$589.00</u> <u>\$589.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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<b>2.33</b>	<b>Priority creditor's name and mailing address</b> <u>Jeffrey M. Bridges</u> <u>623 E Heron St</u> <u>Denison, TX 75021-6451</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,839.00</u> <u>\$2,839.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.34</b>	<b>Priority creditor's name and mailing address</b> <u>Jerielle D. Jarrett</u> <u>1106 15th St.</u> <u>Honey Grove, TX 75446</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$598.50</u> <u>\$598.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.35</b>	<b>Priority creditor's name and mailing address</b> <u>Jerry Carnes</u> <u>205 Fitzgerald Ct.</u> <u>Tioga, TX 76271</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$324.00</u> <u>\$324.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.36</b>	<b>Priority creditor's name and mailing address</b> <u>Jerry W. Hinson</u> <u>10733 W. US Highway 82</u> <u>Savoy, TX 75479</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$5,981.94</u> <u>\$5,981.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.37</b>	<b>Priority creditor's name and mailing address</b> <u>Jocelyn B. Moore</u> <u>1872 S. Shore Dr</u> <u>Bonham, TX 75418</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,027.57</u> <u>\$2,027.57</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.38</b>	<b>Priority creditor's name and mailing address</b> <u>Joe Dan Shelton</u> <u>801 W. Hayes St.</u> <u>Savoy, TX 75479</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$7,184.17</u> <u>\$7,184.17</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.39</b>	<b>Priority creditor's name and mailing address</b> <u>John W. Evans</u> <u>1410 S Shore Dr</u> <u>Bonham, TX 75418-5212</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$504.00</u> <u>\$504.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.40</b>	<b>Priority creditor's name and mailing address</b> <u>Jonathan McNeil</u> <u>2700 S. Travis St.</u> <u>Sherman, TX 75090</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$711.34</u> <u>\$711.34</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.41</b>	<b>Priority creditor's name and mailing address</b> <u>Jordan A. Stowers</u> <u>1435 Calimus Flatt Rd.</u> <u>Bells, TX 75414</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,731.88</u> <u>\$3,731.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>2.42</b> Priority creditor's name and mailing address</p> <p><u>Joshua Clark</u></p> <p><u>2301 W. White Avenue 718</u></p> <p><u>Mckinney, TX 75071</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u> <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Former Employee</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.43</b> Priority creditor's name and mailing address</p> <p><u>Joshua E. Aguirre</u></p> <p><u>718 Hillside Dr.</u></p> <p><u>Sherman, TX 75090</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u> <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Former Employee</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>2.44</b> Priority creditor's name and mailing address</p> <p><u>Joshua J. Mitchell</u></p> <p><u>1135 Yowell Rd.</u></p> <p><u>Whitesboro, TX 76273</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,223.00</u> <u>\$2,223.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>2.45</b>	<b>Priority creditor's name and mailing address</b> <u>Joshua M. Grisolia</u> <u>2156 Hodgins Rd.</u> <u>Van Alstyne, TX 75495</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,227.50</u> <u>\$2,227.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.46</b>	<b>Priority creditor's name and mailing address</b> <u>Joshua T. Ryals</u> <u>500 Cowboy Way</u> <u>Anna, TX 75409</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.47</b>	<b>Priority creditor's name and mailing address</b> <u>Josue B. Hash-Castaneda</u> <u>630 W. Texas St.</u> <u>Denison, TX 75020</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.48</b>	<b>Priority creditor's name and mailing address</b> <u>Justin A. Howerton</u> <u>7300 Henneman Way 4111</u> <u>Mckinney, TX 75070</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,744.00</u> <u>\$3,744.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.49</b>	<b>Priority creditor's name and mailing address</b> <u>Karen E. Gibbs</u> <u>17344 N US Hwy 69</u> <u>Whitewright, TX 75491</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,873.52</u> <u>\$3,873.52</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.50</b>	<b>Priority creditor's name and mailing address</b> <u>Kathryn A. Philpot</u> <u>912 State Highway 11 E.</u> <u>Wolfe City, TX 75496</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$680.00</u> <u>\$680.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.51</b>	<b>Priority creditor's name and mailing address</b> <u>Kiefer J Hansen</u> <u>1600 La Salle Dr.</u> <u>Sherman, TX 75090</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,466.32</u> <u>\$1,466.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.52</b>	<b>Priority creditor's name and mailing address</b> <u>Kyle R. Johnson</u> <u>PO Box 927</u> <u>Van Alstyne, TX 75495</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,859.20</u> <u>\$3,859.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.53</b>	<b>Priority creditor's name and mailing address</b> <u>Laura A. Rice</u> <u>4574 N State Highway 121</u> <u>Bonham, TX 75418</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,053.50</u> <u>\$1,053.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.54</b>	<b>Priority creditor's name and mailing address</b> <u>Miles E. Thayer</u> <u>806 Kipling Dr.</u> <u>Allen, TX 75002</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$5,585.40</u> <u>\$5,585.40</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.55</b>	<b>Priority creditor's name and mailing address</b> <u>Natasha D. West</u> <u>147 Tumbleweed Trl.</u> <u>Denison, TX 75021</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,520.00</u> <u>\$3,520.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.56</b>	<b>Priority creditor's name and mailing address</b> <u>Richard W. Hartman, III</u> <u>108 S. Lamar St</u> <u>108 S. Lamar St.</u> <u>Tioga, TX 76271</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$7,430.94</u> <u>\$7,430.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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<b>2.57</b>	<b>Priority creditor's name and mailing address</b> <u>Roman D. Wilburn</u> <u>2300 W. Taylor St. 1401</u> <u>Sherman, TX 75092</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.58</b>	<b>Priority creditor's name and mailing address</b> <u>Roo C Carpenter</u> <u>226 Sherwood Dr</u> <u>Gordonville, TX 76245-5728</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,815.49</u> <u>\$2,815.49</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.59</b>	<b>Priority creditor's name and mailing address</b> <u>Russell W. Hunter</u> <u>901 Sunset St</u> <u>Howe, TX 75459-4524</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.60</b>	<b>Priority creditor's name and mailing address</b> <u>Ryan M. Ward</u> <u>701 Verna Ln.</u> <u>Denison, TX 75020</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$4,950.00</u> <u>\$4,950.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.61</b>	<b>Priority creditor's name and mailing address</b> <u>Sara J. Henne</u> <u>PO Box 591</u> <u>Bonham, TX 75418</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$480.00</u> <u>\$480.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.62</b>	<b>Priority creditor's name and mailing address</b> <u>Shelby E. Dickerson</u> <u>900 Rice St.</u> <u>Denison, TX 75020</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$609.72</u> <u>\$609.72</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.63</b>	<b>Priority creditor's name and mailing address</b> <u>Taylor D. Jeffrey</u> <u>1704 Timberline Ln.</u> <u>Sherman, TX 75092</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.64</b>	<b>Priority creditor's name and mailing address</b> <u>Texas Comptroller Of Public Accounts</u> <u>State Comptroller of Public Accounts</u> <u>Revenue Acct Div-Bk Section</u> <u>P.O. Box 13528</u> <u>Austin, TX 78711</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.65</b>	<b>Priority creditor's name and mailing address</b> <u>Texas Workforce Commission</u> <u>TEC Building- Bankruptcy</u> <u>101 E. 15th Street</u> <u>Austin, TX 78778</u>  Date or dates debt was incurred _____  Last 4 digits of account number _____  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.66</b>	<b>Priority creditor's name and mailing address</b> <u>Timothy L. Sadler</u> <u>809 W. 8th St.</u> <u>Bonham, TX 75418</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$3,415.02</u> <u>\$3,415.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.67</b>	<b>Priority creditor's name and mailing address</b> <u>Tyler C. Lollar</u> <u>108 Kristy Ct.</u> <u>Pottsboro, TX 75076</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Former Employee</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.68</b>	<b>Priority creditor's name and mailing address</b> <u>U.S. Department of Labor</u> <u>Legal Counsel</u> <u>Office Number N-2700</u> <u>200 Constitution Ave Nw</u> <u>Washington, DC 20210-0001</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>2.69</b>	<b>Priority creditor's name and mailing address</b> <u>Victoria M. Manna</u> <u>107 S. Red Bud St.</u> <u>Ector, TX 75439</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ____	<b>As of the petition filing date, the claim is:</b> <u>\$4,378.50</u> <u>\$4,378.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>2.70</b>	<b>Priority creditor's name and mailing address</b> <u>Wendy Kennedy</u> <u>4541 FM 824</u> <u>Honey Grove, TX 75446</u>  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____ _  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(4)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,666.47</u> <u>\$2,666.47</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b> <u>Wages</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Performance Plus</u> <u>Employee Assistance Programs</u> <u>PO Box 2061</u> <u>Sherman, TX 75091-2061</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>5</u> <u>3</u> <u>6</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <u>\$1,620.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ADP 401(k) Operations</u> <u>1 Adp Blvd M/s 575</u> <u>Roseland, NJ 07068-1728</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>0</u> <u>4</u> <u>0</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <u>unknown</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AllData</u> <u>9650 W. Taron Dr. 100</u> <u>Elk Grove, CA 95757</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <u>\$1,085.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>American Public Life Insurance Company</u> <u>Dept. 1613</u> <u>PO Box 11407</u> <u>Birmingham, AL 35246-1613</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>5</u> <u>7</u> <u>8</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <u>\$1,383.00</u>

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<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p><u>ASDodson Enterprises, LLC</u></p> <p><u>775 Everheart Rd.</u></p> <p><u>Bells, TX 75414</u></p> <p>Date or dates debt was incurred <u>10/08/2022</u></p> <p>Last 4 digits of account number <u>1 5 3 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$710.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p><u>Atmos Energy</u></p> <p><u>PO Box 740353</u></p> <p><u>Cincinnati, OH 45274-0353</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>5 9 8 8</u></p>	<p>As of the petition filing date, the claim is: <u>\$2,400.27</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.7</b> Nonpriority creditor's name and mailing address</p> <p><u>Bells Family Drug</u></p> <p><u>103 W. Bells Blvd.</u></p> <p><u>Bells, TX 75414</u></p> <p>Date or dates debt was incurred <u>11/03/2022</u></p> <p>Last 4 digits of account number <u>0 9 - 0</u></p>	<p>As of the petition filing date, the claim is: <u>\$71.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.8</b> Nonpriority creditor's name and mailing address</p> <p><u>Bells Tire Center</u></p> <p><u>109 N. Broadway</u></p> <p><u>Bells, TX 75414</u></p> <p>Date or dates debt was incurred <u>9/15/2022</u></p> <p>Last 4 digits of account number <u>4 7 7 3</u></p>	<p>As of the petition filing date, the claim is: <u>\$63.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.9</b> Nonpriority creditor's name and mailing address</p> <p><u>Big M Auto Supply Limited</u></p> <p><u>NAPA Auto Parts 365</u></p> <p><u>4301 N. Texoma Parkway</u></p> <p><u>Sherman, TX 75090</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>7 7 7 8</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,161.52</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.10</b> Nonpriority creditor's name and mailing address</p> <p><u>Blake Utter</u></p> <p><u>PO Box 695</u></p> <p><u>Denison, TX 75021</u></p> <p>Date or dates debt was incurred <u>04/26/2023</u></p> <p>Last 4 digits of account number <u>6 6 3 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,185.94</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.11</b> Nonpriority creditor's name and mailing address</p> <p><u>Blue Cross Blue Shield</u></p> <p><u>Po Box 660044</u></p> <p><u>Dallas, TX 75266-0044</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$54,232.21</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.12</b> Nonpriority creditor's name and mailing address</p> <p><u>Captive Billing, LLC</u></p> <p><u>908 Main Street 210</u></p> <p><u>Louisville, CO 80027</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2 - 0 5</u></p>	<p>As of the petition filing date, the claim is: <u>\$81,615.90</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



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<b>3.13</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Comnet</u> <u>1420 Lakeside Pkwy Ste 110</u> <u>Flower Mound, TX 75028-4035</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$319.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.14</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Coopers Copies and Printing</u> <u>1014 Dallas Dr.</u> <u>Denton, TX 76205</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>5 0 5 3</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,924.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.15</b>	<b>Nonpriority creditor's name and mailing address</b> <u>De Lage Landen Financial Services, Inc.</u> <u>1111 Old Eagle School Road</u> <u>Wayne, PA 19087</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3 2 8 6</u>	<b>As of the petition filing date, the claim is:</b> <u>\$16,340.65</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.16</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Experian</u> <u>475 Anton Blvd</u> <u>Costa Mesa, CA 92626-7037</u>  Date or dates debt was incurred <u>09/24/2021</u> Last 4 digits of account number <u>4 4 5 4</u>	<b>As of the petition filing date, the claim is:</b> <u>\$52.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Flex Financial</u> <u>a division of Stryker Sales Corporation</u> <u>1901 Romance Road Parkway</u> <u>Portage, MI 49002</u>  Date or dates debt was incurred <u>07/16/2019</u> Last 4 digits of account number <u>9 3 2 3</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Flex Financial</u> <u>a division of Stryker Sales Corporation</u> <u>1901 Romance Road Parkway</u> <u>Portage, MI 49002</u>  Date or dates debt was incurred <u>10/12/2020</u> Last 4 digits of account number <u>7 4 3 7</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Freedom CDJR Sherman North</u> <u>2300 US Highway 75 North</u> <u>Sherman, TX 75090</u>  Date or dates debt was incurred <u>12/06/2022</u> Last 4 digits of account number <u>6 6 8 4</u>	<b>As of the petition filing date, the claim is:</b> <u>\$388.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Frontier</u> <u>PO Box 211579</u> <u>Saint Paul, MN 55121-2879</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>8 0 - 5</u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,527.69</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Frontier Waste Solutions-Texoma</u> <u>600 Highport Rd</u> <u>Pottsboro, TX 75076</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$99.17</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Service</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Goins Building Material</u> <u>708 Spur 316</u> <u>Pottsboro, TX 75076</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0 2 0 8</u>	<b>As of the petition filing date, the claim is:</b> <u>\$174.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Graham International, Inc. - Sherman</u> <u>5800 Texoma Parkway</u> <u>Sherman, TX 75090-2134</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>6 4 2 4</u>	<b>As of the petition filing date, the claim is:</b> <u>\$4,431.61</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Integrity Car Care</u> <u>1321 Us Highway 377</u> <u>Pilot Point, TX 76258</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$1,391.83</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.25</b> Nonpriority creditor's name and mailing address <u>Jason B. Jones</u> <u>201 George Rd.</u> <u>Howe, TX 75459</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.26</b> Nonpriority creditor's name and mailing address <u>Kwik Kar Lube and Tune</u> <u>1909 Loy Lake Road</u> <u>Sherman, TX 75090</u>  Date or dates debt was incurred <u>10/12/2022</u> Last 4 digits of account number <u>1 5 8 8</u>	As of the petition filing date, the claim is: <u>\$83.97</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.27</b> Nonpriority creditor's name and mailing address <u>LEAF Capital Funding</u> <u>Coast Biomedical Equipment</u> <u>14th Floor</u> <u>2005 Market St</u> <u>Philadelphia, PA 19103-7042</u>  Date or dates debt was incurred <u>05/07/2023</u> Last 4 digits of account number <u>- 0 0 1</u>	As of the petition filing date, the claim is: <u>\$150,838.91</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.28</b> Nonpriority creditor's name and mailing address <u>McClanahan and Holmes, LLP</u> <u>304 West Chestnut</u> <u>Denison, TX 75020</u>  Date or dates debt was incurred <u>0/31/2023</u> Last 4 digits of account number <u>S 0 0 2</u>	As of the petition filing date, the claim is: <u>\$17,138.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.29</b> Nonpriority creditor's name and mailing address</p> <p><u>McKesson Medical-Surgical, Inc.</u></p> <p><u>9954 Mayland Dr Ste 4000</u></p> <p><u>Henrico, VA 23233-1484</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0 8 0 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,708.27</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.30</b> Nonpriority creditor's name and mailing address</p> <p><u>Mitchell Welding Supply Company</u></p> <p><u>3320 Ne Loop 286</u></p> <p><u>Paris, TX 75460-3440</u></p> <p>Date or dates debt was incurred <u>12/29/2022</u></p> <p>Last 4 digits of account number <u>7 9 0 7</u></p>	<p>As of the petition filing date, the claim is: <u>\$175.75</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.31</b> Nonpriority creditor's name and mailing address</p> <p><u>Mosiac One Urgent Care Center</u></p> <p><u>1313 N. Travis St. 102</u></p> <p><u>Sherman, TX 75092</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0 0 0 8</u></p>	<p>As of the petition filing date, the claim is: <u>\$2,005.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.32</b> Nonpriority creditor's name and mailing address</p> <p><u>Mr. Biomed Tech Services</u></p> <p><u>555 N. 5th Street 109</u></p> <p><u>Garland, TX 75040</u></p> <p>Date or dates debt was incurred <u>08/25/2022</u></p> <p>Last 4 digits of account number <u>0 8 0 4</u></p>	<p>As of the petition filing date, the claim is: <u>\$310.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.33</b> Nonpriority creditor's name and mailing address <u>Myron Corp.</u> <u>Po Box 69073</u> <u>Baltimore, MD 21264-7530</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>O</u> <u>M</u> <u>Y</u>	As of the petition filing date, the claim is: <u>\$417.66</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.34</b> Nonpriority creditor's name and mailing address <u>Napa Auto Parts</u> <u>4301 Texoma Pkwy</u> <u>Sherman, TX 75090-1933</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$963.71</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.35</b> Nonpriority creditor's name and mailing address <u>Nortex Lube and Tune #1190</u> <u>908 N State Highway 121</u> <u>Bonham, TX 75418-2031</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>7</u> <u>4</u> <u>3</u>	As of the petition filing date, the claim is: <u>\$1,536.34</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.36</b> Nonpriority creditor's name and mailing address <u>Oak Ridge - South Gale Water Corp.</u> <u>PO Box 1263</u> <u>Denison, TX 75021</u>  Date or dates debt was incurred <u>5/15/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$45.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.37</b> Nonpriority creditor's name and mailing address <u>O'Reilly Automotive, Inc.</u> <u>PO Box 9464</u> <u>Springfield, MO 65801-9464</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 1 4</u>	As of the petition filing date, the claim is: <u>\$3,877.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.38</b> Nonpriority creditor's name and mailing address <u>Performance Plus</u> <u>1800 Teague Dr</u> <u>Sherman, TX 75090-2640</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,620.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.39</b> Nonpriority creditor's name and mailing address <u>Pitney Bowes</u> <u>2225 American Dr</u> <u>Neenah, WI 54956-1005</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0 1 8 3</u>	As of the petition filing date, the claim is: <u>\$676.77</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.40</b> Nonpriority creditor's name and mailing address <u>Pitney Bowes</u> <u>2225 American Dr</u> <u>Neenah, WI 54956-1005</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.41</b> Nonpriority creditor's name and mailing address</p> <p><u>Print Works - Corporate Headquarters</u></p> <p><u>6955 Lamar Ave</u></p> <p><u>Paris, TX 75462</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4</u> <u>5</u> <u>2</u> <u>0</u></p>	<p>As of the petition filing date, the claim is: <u>\$2,273.75</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p><u>Promo Lab</u></p> <p><u>409 S. Central Expw 107 #508</u></p> <p><u>Anna, TX 75409</u></p> <p>Date or dates debt was incurred <u>11/28/2022</u></p> <p>Last 4 digits of account number <u>0</u> <u>2</u> <u>4</u> <u>8</u></p>	<p>As of the petition filing date, the claim is: <u>\$2,084.18</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p><u>QuadMed, Inc.</u></p> <p><u>PO Box 550773</u></p> <p><u>Jacksonville, FL 32255</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>1</u> <u>3</u> <u>1</u> <u>6</u></p>	<p>As of the petition filing date, the claim is: <u>\$4,649.22</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p><u>Red Key Technology</u></p> <p><u>1800 Teague dr.</u></p> <p><u>Sherman, TX 75090</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>1</u></p>	<p>As of the petition filing date, the claim is: <u>\$3,978.70</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



Debtor Bells-Savoy Community Emergency Services, Inc.  
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<b>3.45</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sanitation Solutions, Inc.</u> <u>A Wasted Connections Company</u> <u>PO Box 6190</u> <u>Paris, TX 75461-6190</u>  Date or dates debt was incurred <u>03/31/2023</u> Last 4 digits of account number <u>4 4 6 2</u>	<b>As of the petition filing date, the claim is:</b> <u>\$183.12</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.46</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Secure On-Site Shredding, Inc.</u> <u>1002 N Central Expy Ste 239</u> <u>Richardson, TX 75080-4658</u>  Date or dates debt was incurred <u>02/21/2023</u> Last 4 digits of account number <u>2 1 2 3</u>	<b>As of the petition filing date, the claim is:</b> <u>\$64.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.47</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Shipman Communications</u> <u>1815 W Morton St</u> <u>Denison, TX 75020-1752</u>  Date or dates debt was incurred <u>11/28/2022</u> Last 4 digits of account number <u>6 7 2 6</u>	<b>As of the petition filing date, the claim is:</b> <u>\$130.70</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Siddons-Martin Emergency Group</u> <u>PO Box 679827</u> <u>Dallas, TX 75267-9827</u>  Date or dates debt was incurred <u>9/30/2022</u> Last 4 digits of account number <u>2 6 7 4</u>	<b>As of the petition filing date, the claim is:</b> <u>\$317,827.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Southwest Fannin S.U.D.</u> <u>8046 W Highway 56</u> <u>Savoy, TX 75479-3448</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  5  7  2  </u>	<b>As of the petition filing date, the claim is:</b> <u>\$184.17</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sparklight Business</u> <u>3720 Texoma Pkwy</u> <u>Sherman, TX 75090-1922</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  8  2  0  3  </u>	<b>As of the petition filing date, the claim is:</b> <u>\$2,860.54</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sports Promotion Network</u> <u>Po Box 156387</u> <u>Fort Worth, TX 76155-1387</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  0  0  8  0  </u>	<b>As of the petition filing date, the claim is:</b> <u>\$649.98</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Staples Business Credit</u> <u>PO Box 105638</u> <u>Atlanta, GA 30348-5638</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>  9  D  A  L  </u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,272.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Bells-Savoy Community Emergency Services, Inc.  
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<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Stericycle, Inc.</u> <u>2355 Waukegan Rd.</u> <u>Deerfield, IL 60015</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>6</u> <u>9</u> <u>9</u>	<b>As of the petition filing date, the claim is:</b> <u>\$622.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.54</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Mutual</u> <u>Workers' Compensation Insurance</u> <u>Po Box 841843</u> <u>Dallas, TX 75284-1843</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>9</u> <u>4</u> <u>3</u>	<b>As of the petition filing date, the claim is:</b> <u>\$5,121.45</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.55</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Tex-Oma Builders Supply Co.</u> <u>2701 Commerce St</u> <u>Wichita Falls, TX 76301-8052</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>5</u> <u>4</u> <u>2</u>	<b>As of the petition filing date, the claim is:</b> <u>\$230.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.56</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Texomacare</u> <u>PO Box 844707</u> <u>Dallas, TX 75284-4707</u>  Date or dates debt was incurred <u>01/10/2023</u> Last 4 digits of account number <u>4</u> <u>4</u> <u>8</u> <u>4</u>	<b>As of the petition filing date, the claim is:</b> <u>\$35.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.57</b> Nonpriority creditor's name and mailing address</p> <p><u>TXU Energy</u></p> <p><u>Po Box 650700</u></p> <p><u>Dallas, TX 75265-0700</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>9 3 8 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$286.99</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Service</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.58</b> Nonpriority creditor's name and mailing address</p> <p><u>Valero</u></p> <p><u>7201 Canyon Dr</u></p> <p><u>Amarillo, TX 79110-4339</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 0 3 3</u></p>	<p>As of the petition filing date, the claim is: <u>\$15,650.95</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.59</b> Nonpriority creditor's name and mailing address</p> <p><u>Verizon</u></p> <p><u>PO Box 489</u></p> <p><u>Newark, NJ 07101-0489</u></p> <p>Date or dates debt was incurred <u>03/21/2023</u></p> <p>Last 4 digits of account number <u>0 0 0 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$4,188.10</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Utility</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.60</b> Nonpriority creditor's name and mailing address</p> <p><u>VFIS of Texas</u></p> <p><u>Building 3</u></p> <p><u>13625 Ronald W Regan Blvd 100</u></p> <p><u>Cedar Park, TX 78613</u></p> <p>Date or dates debt was incurred <u>11/18/2022</u></p> <p>Last 4 digits of account number <u>4 9 4 9</u></p>	<p>As of the petition filing date, the claim is: <u>\$36,223.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.61</b> Nonpriority creditor's name and mailing address</p> <p><u>Wakefield &amp; Associates, LLC</u></p> <p><u>3033 South Parker Road 1010</u></p> <p><u>Aurora, CO 80014</u></p> <p>Date or dates debt was incurred <u>03/31/2023</u></p> <p>Last 4 digits of account number <u>4 7 1 5</u></p>	<p>As of the petition filing date, the claim is: <u>\$9,507.13</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.62</b> Nonpriority creditor's name and mailing address</p> <p><u>Wilson N Jones Regional Med Center</u></p> <p><u>500 N Highland Ave</u></p> <p><u>Sherman, TX 75092</u></p> <p>Date or dates debt was incurred <u>12/10/2022</u></p> <p>Last 4 digits of account number <u>0 0 0 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$577.70</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.63</b> Nonpriority creditor's name and mailing address</p> <p><u>ZIRMED</u></p> <p><u>Elavon</u></p> <p><u>7300 Chapman Hwy</u></p> <p><u>Knoxville, TN 37920</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4 6 6 3</u></p>	<p>As of the petition filing date, the claim is: <u>\$954.32</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.64</b> Nonpriority creditor's name and mailing address</p> <p><u>Zoll Data Systems</u></p> <p><u>269 Mill Rd</u></p> <p><u>Chelmsford, MA 01824-4105</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$4,284.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
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<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b><u>\$50,840.31</u></b>
	<u>Zoll Worldwide Headquarters</u>	<i>Check all that apply.</i>	
	<u>269 Mill Rd</u>	<input type="checkbox"/> Contingent	
	<u>Chelmsford, MA 01824-4105</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> <u>Trade debt</u>	
	<b>Date or dates debt was incurred</b> _____	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b> <u>4</u> <u>2</u> <u>6</u> <u>1</u>	<input type="checkbox"/> Yes	

Debtor Bells-Savoy Community Emergency Services, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$141,646.81

5b. Total claims from Part 2

5b. + \$820,253.74

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$961,900.55

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease, Lease No. 100-10229323</p> <p>Contract to be REJECTED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>Flex Financial</p> <p>a division of Stryker Sales Corporation</p> <p>1901 Romance Road Parkway</p> <p>Portage, MI 49002</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement for EMS services</p> <p>Contract to be REJECTED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>City of Tioga</p> <p>Po Box 206</p> <p>Tioga, TX 76271-0206</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Consulting Services Agreement</p> <p>Contract to be ASSUMED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>American Incentive Advisors, LLC</p> <p>8911 N Capital of Texas Hwy 1105 1105</p> <p>Austin, TX 78759</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease</p> <p>Contract to be REJECTED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>De Lage Landen Financial Services, Inc.</p> <p>1111 Old Eagle School Road</p> <p>Wayne, PA 19087</p>



Debtor Bells-Savoy Community Emergency Services, Inc.  
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Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Equipment Lease, Lease No.</u> <u>0110117437</u>	<u>Flex Financial</u>
		<u>Contract to be REJECTED</u>	<u>a division of Stryker Sales Corporation</u>
	State the term remaining	<u>0 months</u>	<u>1901 Romance Road Parkway</u>
	List the contract number of any government contract	_____	<u>Portage, MI 49002</u>
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Equipment Lease</u>	<u>LEAF</u>
		<u>Contract to be REJECTED</u>	<u>Coast Biomedical Equipment 14th Floor</u>
	State the term remaining	<u>0 months</u>	<u>2005 Market St</u>
	List the contract number of any government contract	_____	<u>Philadelphia, PA 19103-7042</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Service Plan</u>	<u>Zoll Worldwide Headquarters</u>
		<u>Contract to be REJECTED</u>	<u>269 Mill Rd</u>
	State the term remaining	<u>0 months</u>	<u>Chelmsford, MA 01824-4105</u>
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Bells-Savoy Community Emergency Services, Inc. Case number (if known) \_\_\_\_\_  
Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

\$550,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$2,260,056.12

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$2,810,056.12

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$799,652.99

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$141,646.81

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

**+** \$820,253.74

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$1,761,553.54

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

#### Sources of revenue

Check all that apply

#### Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

☒ Operating a business

undetermined

☐ Other \_\_\_\_\_

\$0.00

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

undetermined

☐ Other \_\_\_\_\_

\$0.00

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

undetermined

☐ Other \_\_\_\_\_

\$0.00

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

#### Description of sources of revenue

#### Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <u>Internal Revenue Service</u> Creditor's name <u>P.O. Box 7346</u> Street <u>Special Procedures-Insolvency</u> <u>Philadelphia, PA 19101</u> City State ZIP Code	<u>6/2/2023</u>	<u>\$35,000.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>941 Liability</u>
3.2. <u>Cendera Bank, N.A.</u> Creditor's name <u>615 E Bells Blvd</u> Street <u>Bells, TX 75414-4261</u> City State ZIP Code	<u>04/13/2023</u>	<u>\$84,675.24</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name _____ Street _____ City State ZIP Code Relationship to debtor _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	<div>Cendera Bank, N.A.</div> <div>Creditor's name</div> <div>615 E Bells Blvd</div> <div>Street</div> <div></div> <div>Bells, TX 75414-4261</div> <div>City State ZIP Code</div>	<div>Surrendered 2022 Crestline Ford F-350 VIN</div> <div>1FDRF3GT6NEE70983 Stryker Performance</div> <div>Load Drug Locker</div>	<div>05/06/2023</div>	<div>\$230,000.00</div>
5.2.	<div>Cendera Bank, N.A.</div> <div>Creditor's name</div> <div>615 E Bells Blvd</div> <div>Street</div> <div></div> <div>Bells, TX 75414-4261</div> <div>City State ZIP Code</div>	<div>Surrendered 2014 Dodge Ram Braun</div> <div>Ambulance VIN 3C7WRKBL1FG539477 Drug</div> <div>Locker</div>	<div>05/06/2023</div>	<div>\$85,000.00</div>

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1.	<div>Cendera Bank, N.A.</div> <div>Creditor's name</div> <div>615 E Bells Blvd</div> <div>Street</div> <div></div> <div>Bells, TX 75414-4261</div> <div>City State ZIP Code</div>	<div>Set off funds in bank account(s): amount</div> <div>undetermined</div> <div>XXXX- 3 0 6 0</div>	<div>3/2023</div>	
6.2.	<div>First United Bank and Trust Co</div> <div>Creditor's name</div> <div>931 W. Main</div> <div>Street</div> <div>Dennison Main Community Bank</div> <div>Denison, TX 75020</div> <div>City State ZIP Code</div>	<div>Set off funds in bank account(s): amount</div> <div>undetermined</div> <div>XXXX- _ _ _ _</div>		

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

7.1.	Case title	Nature of case	Court or agency's name and address	Status of case
			<div>Name</div> <div></div> <div>Street</div> <div></div> <div>City State ZIP Code</div>	<div><input type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>
	<div>Case number</div> <div></div>			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.

Custodian's name and address	Description of the property	Value
Custodian's name		
Street	Case title	Court name and address
		Name
City State ZIP Code	Case number	Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name			
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Date of loss	Value of property lost
10.1. Vehicle Accident covered by insurance	\$3,800.00	1/12/2023	\$3,800.00
10.2. Vehicle Accident covered by insurance. Vehicle was totaled and building repaired.		2022	Unknown



Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Rochelle McCullough, LLP	Bankruptcy Retainer Fee	5/2/2023	\$5,000.00
	Address			
	325 N Saint Paul St Ste 4500			
	Street			
	Dallas, TX 75201-3827			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			
	Crowe & Dunlevy			

11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Crowe & Dunlevy	Retainer Fee (\$5,000.00 paid to Rochelle McCullough, LLP)	03/29/2023	\$26,000.00
	Address			
	2525 McKinnon St 425			
	Street			
	Dallas, TX 75201			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	<b>Name of trust or device</b>	<b>Describe any property transferred</b>	<b>Dates transfers were made</b>	<b>Total amount or value</b>
	<b>Trustee</b>			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

13.1.	<b>Who received the transfer?</b>	<b>Description of property transferred or payments received or debts paid in exchange</b>	<b>Date transfer was made</b>	<b>Total amount or value</b>
	Tioga EMS, Inc.	Purchase of Vehicles	4/13/2023	\$84,675.24
	<b>Address</b>			
	108 S. Lamar St.			
	Street			
	Tioga, TX 76271-3555			
	City State ZIP Code			
	<b>Relationship to debtor</b>			

13.2.	<b>Who received the transfer?</b>	<b>Description of property transferred or payments received or debts paid in exchange</b>	<b>Date transfer was made</b>	<b>Total amount or value</b>
	Tioga EMS, Inc.	Purchase of 2021 CMH TRU MH997 Delight Serial BEL015010TX	5/11/2023	\$25,000.00
	<b>Address</b>			
	108 S. Lamar St.			
	Street			
	Tioga, TX 76271-3555			
	City State ZIP Code			
	<b>Relationship to debtor</b>			

13.3.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Tioga EMS, Inc.	Transfer and Assumption Agreement with Leaf Capital Funding	5/19/2023	(Unknown)
	Address			
	108 S. Lamar St.			
	Street			
	Tioga, TX 76271-3555			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1.	From To
Street	
City	State ZIP Code

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.		
Facility name		
Street	Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.	How are records kept?
City		Check all that apply:
State		<input type="checkbox"/> Electronically
ZIP Code		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained. Medical records, Medical billing (Captivate)

Does the debtor have a privacy policy about that information?

☒ No

☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
<u>ADP 401K</u>	EIN: <u>7 5 - 1 7 3 6 3 1 7</u>
Has the plan been terminated?	
<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- ____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ <b>Address</b> _____ _____	_____ _____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		Address		
	City	State	ZIP Code	

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City	State	ZIP Code	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City	State	ZIP Code

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _ _ - _ _ _ _ _
Street		Dates business existed
		From _ _ _ _ _ To _ _ _ _ _
City State ZIP Code		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

**Name and address**

**Dates of service**

26a.1. McClanahan and Holmes, LLP From \_\_\_\_\_ To \_\_\_\_\_  
 Name  
304 West Chestnut  
 Street  
 \_\_\_\_\_  
Denison, TX 75020  
 City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address**

**Dates of service**

26b.1. McClanahan and Holmes, LLP From \_\_\_\_\_ To \_\_\_\_\_  
 Name  
304 West Chestnut  
 Street  
 \_\_\_\_\_  
Denison, TX 75020  
 City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1. McClanahan and Holmes, LLP  
 Name  
304 West Chestnut  
 Street  
 \_\_\_\_\_  
Denison, TX 75020  
 City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. Cendera Bank, N.A.  
 Name  
615 E. Bells Blvd.  
 Street  
 \_\_\_\_\_  
Bells, TX 75414  
 City State ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Jim Jarvis</u>	<u>Po Box 506 Savoy, TX 75479-0506</u>	<u>President.</u>	<u>0.00%</u>
<u>Dr. Dean Flyger</u>	<u>102 S Branch St Bells, TX 75414-3401</u>	<u>Vice President.</u>	<u>0.00%</u>
<u>Andy Faber</u>	<u>1473 Vernon St Bells, TX 75414-3426</u>	<u>Secretary.</u>	<u>0.00%</u>
<u>Tom Carter</u>	<u>811 W Bells Blvd Bells, TX 75414</u>	<u>Member.</u>	<u>0.00%</u>
<u>Jim Williams</u>	<u>1281 Harrison Rd Denison, TX 75021</u>	<u>Member.</u>	<u>0.00%</u>
<u>Jason B. Jones</u>	<u>201 George Rd Howe, TX 75459</u>	<u>Director.</u>	<u>0.00%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>Debbie Albert</u>	_____	<u>CFO.</u>	From _____ To _____
<u>Bill Ray</u>	<u>3200 Pilgrim Dr Melissa, TX 75454-3137</u>	<u>Director.</u>	From _____ To _____
<u>James Frame</u>	_____	<u>Director.</u>	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

\_\_\_\_\_



31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_ \_ - \_ \_ \_ \_ \_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_ \_ - \_ \_ \_ \_ \_

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/12/2023  
MM/ DD/ YYYY

X /s/ Jason Jones  
Signature of individual signing on behalf of the debtor

Printed name Jason Jones

Position or relationship to debtor Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Northern District of Texas

In re Bells-Savoy Community Emergency Services, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$5,000.00

Prior to the filing of this statement I have received ..... \$5,000.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/12/2023  
*Date*

/s/ Joseph F. Postnikoff  
Joseph F. Postnikoff  
*Signature of Attorney*

Bar Number: 16168320  
Rochelle McCullough, LLP  
300 Throckmorton St Ste 520  
Fort Worth, TX 76102-2929  
Phone: (817) 291-9822

Rochelle McCullough, LLP  
*Name of law firm*

IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION

IN RE: **Bells-Savoy Community Emergency  
Services, Inc.**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/12/2023 Signature /s/ Jason Jones  
Jason Jones, Director

Performance Plus  
Employee Assistance Programs  
PO Box 2061  
Sherman, TX 75091-2061

Adam Z. Mitchell  
104 Mark Dr.  
Denison, TX 75021

ADP 401(k) Operations  
1 Adp Blvd M/s 575  
Roseland, NJ 07068-1728

AllData  
9650 W. Taron Dr. 100  
Elk Grove, CA 95757

Amber N. Castle  
910 W. 8th St.  
Bonham, TX 75418

American Incentive Advisors,  
LLC  
8911 N Capital of Texas Hwy 1105 1105  
Austin, TX 78759

American Public Life  
Insurance Company  
Dept. 1613  
PO Box 11407  
Birmingham, AL 35246-1613

Andrea M. Tinoco  
411 County Road 33450  
Sumner, TX 75486

ASDodson Enterprises, LLC  
775 Everheart Rd.  
Bells, TX 75414

Atmos Energy  
PO Box 740353  
Cincinnati, OH 45274-0353

Belinda D. Swearingin  
7674 County Road 4617  
Wolfe City, TX 75496

Bells Family Drug  
103 W. Bells Blvd.  
Bells, TX 75414

Bells Tire Center  
109 N. Broadway  
Bells, TX 75414

Big M Auto Supply Limited  
NAPA Auto Parts 365  
4301 N. Texoma Parkway  
Sherman, TX 75090

Billy G. Cox  
PO Box 150  
Collinsville, TX 76233

Blake Utter  
PO Box 695  
Denison, TX 75021

Blue Cross Blue Shield  
Po Box 660044  
Dallas, TX 75266-0044

Bruce Stidham Tax Assessor-  
Collector  
100 Houston 11  
Sherman, TX 75090

Captivate Billing, LLC  
908 Main Street 210  
Louisville, CO 80027

Cendera Bank, N.A.  
615 E Bells Blvd  
Bells, TX 75414-4261

Chad J. Brem  
3674 Us Highway 69  
Denison, TX 75021-5966

Christopher R. Anderson  
815 W Sears St  
Denison, TX 75020

City of Tioga  
Po Box 206  
Tioga, TX 76271-0206

Claudia Michelle Garrison  
10733 W US Hwy 82  
Savoy, TX 75479

Cody R. Auldrige  
508 W Denison Circle  
Bells, TX 75414

Comnet  
1420 Lakeside Pkwy Ste 110  
Flower Mound, TX 75028-4035

Conner D. Brinkley  
3430 W Houston St  
Paris, TX 75460

Coopers Copies and Printing  
1014 Dallas Dr.  
Denton, TX 76205

Courtney L. Spence  
1855 Winn Rd.  
Collinsville, TX 76233

Courtney M. Tallos  
3412 Lynbrook Dr.  
Plano, TX 75075

Cramer D. Castle  
PO Box 11  
Gober, TX 75443

Dakota L. Dickey  
33 Macarthur Dr  
Denison, TX 75020-6560



Dakota W. Hunter  
901 Sunset St.  
Howe, TX 75459

David Groom  
504 Dusty Ln.  
Sherman, TX 75092

David Y. Perez  
1117 Reed Cir.,  
Howe, TX 75459

De Lage Landen Financial  
Services, Inc.  
1111 Old Eagle School Road  
Wayne, PA 19087

Debbie Albert  
1260 Eastline Rd  
Bells, TX 75414-2611

Destany K. Lashley  
3013 Northridge Dr. 1105  
Sherman, TX 75090

Diana K. Scriven  
3050 E. Lamar St.  
Sherman, TX 75090

Don F. Towns, III  
2300 Sable Wood Dr.  
Anna, TX 75409

Donna Abbott  
242 W Lake St  
Sherman, TX 75090

Experian  
475 Anton Blvd  
Costa Mesa, CA 92626-7037

First United Bank and Trust  
Co  
Dennison Main Community Bank  
931 W. Main  
Denison, TX 75020

Flex Financial  
a division of Stryker Sales Corporation  
1901 Romance Road Parkway  
Portage, MI 49002

Freedom CDJR Sherman North  
2300 US Highway 75 North  
Sherman, TX 75090

Frontier  
PO Box 211579  
Saint Paul, MN 55121-2879

Frontier Waste Solutions-  
Texoma  
600 Highport Rd  
Pottsboro, TX 75076

Gary T. Halberstadt  
13029 Palmera Dr.  
Little Elm, TX 75068

Goins Building Material  
708 Spur 316  
Pottsboro, TX 75076

Graham International, Inc. -  
Sherman  
5800 Texoma Parkway  
Sherman, TX 75090-2134

Gregory Agle  
900 S FM 1417  
Sherman, TX 75092

Hannah G. Foster  
2300 Sable Wood Dr.  
Anna, TX 75409

Integrity Car Care  
1321 Us Highway 377  
Pilot Point, TX 76258

Internal Revenue Service  
Special Procedures-Insolvency  
P.O. Box 7346  
Philadelphia, PA 19101

Issac L. Weaver  
207 E. Travis St.  
Leonard, TX 75452

Jacob R. Taylor  
558 Nunnalee Ave.  
Van Alstyne, TX 75495

James Hudson  
PO Box 343  
Savoy, TX 75479

James M. Morrison  
1872 S. Shore Dr  
Bonham, TX 75418

Jason B. Jones  
201 George Rd.  
Howe, TX 75459

Jason K. Devore  
8714 County Road 1039  
Blue Ridge, TX 75424-3734

Jason M. Brocato  
202 Fitzgerald Ct  
Tioga, TX 76271-2606

Jeffrey M. Bridges  
623 E Heron St  
Denison, TX 75021-6451

Jerielle D. Jarrett  
1106 15th St.  
Honey Grove, TX 75446

Jerry Carnes  
205 Fitzgerald Ct.  
Tioga, TX 76271

Jerry W. Hinson  
10733 W. US Highway 82  
Savoy, TX 75479

Jocelyn B. Moore  
1872 S. Shore Dr  
Bonham, TX 75418

Joe Dan Shelton  
801 W. Hayes St.  
Savoy, TX 75479

John W. Evans  
1410 S Shore Dr  
Bonham, TX 75418-5212

Jonathan McNeil  
2700 S. Travis St.  
Sherman, TX 75090

Jordan A. Stowers  
1435 Calimus Flatt Rd.  
Bells, TX 75414

Joshua Clark  
2301 W. White Avenue 718  
Mckinney, TX 75071

Joshua E. Aguirre  
718 Hillside Dr.  
Sherman, TX 75090

Joshua J. Mitchell  
1135 Yowell Rd.  
Whitesboro, TX 76273

Joshua M. Grisolia  
2156 Hodgins Rd.  
Van Alstyne, TX 75495

Joshua T. Ryals  
500 Cowboy Way  
Anna, TX 75409

Josue B. Hash-Castaneda  
630 W. Texas St.  
Denison, TX 75020

Justin A. Howerton  
7300 Henneman Way 4111  
Mckinney, TX 75070

Karen E. Gibbs  
17344 N US Hwy 69  
Whitewright, TX 75491

Kathryn A. Philpot  
912 State Highway 11 E.  
Wolfe City, TX 75496

Kiefer J Hansen  
1600 La Salle Dr.  
Sherman, TX 75090

Kwik Kar Lube and Tune  
1909 Loy Lake Road  
Sherman, TX 75090

Kyle R. Johnson  
PO Box 927  
Van Alstyne, TX 75495

Laura A. Rice  
4574 N State Highway 121  
Bonham, TX 75418

LEAF  
Coast Biomedical Equipment  
14th Floor  
2005 Market St  
Philadelphia, PA 19103-7042

LEAF Capital Funding  
Coast Biomedical Equipment  
14th Floor  
2005 Market St  
Philadelphia, PA 19103-7042

McClanahan and Holmes, LLP  
304 West Chestnut  
Denison, TX 75020

McKesson Medical-Surgical,  
Inc.  
9954 Mayland Dr Ste 4000  
Henrico, VA 23233-1484

Miles E. Thayer  
806 Kipling Dr.  
Allen, TX 75002

Mitchell Welding Supply  
Company  
3320 Ne Loop 286  
Paris, TX 75460-3440

Mosiac One Urgent Care  
Center  
1313 N. Travis St. 102  
Sherman, TX 75092

Mr. Biomed Tech Services  
555 N. 5th Street 109  
Garland, TX 75040

Myron Corp.  
Po Box 69073  
Baltimore, MD 21264-7530

Napa Auto Parts  
4301 Texoma Pkwy  
Sherman, TX 75090-1933

Natasha D. West  
147 Tumbleweed Trl.  
Denison, TX 75021

Nortex Lube and Tune #1190  
908 N State Highway 121  
Bonham, TX 75418-2031

Oak Ridge - South Gale Water  
Corp.  
PO Box 1263  
Denison, TX 75021



O'Reilly Automotive, Inc.  
PO Box 9464  
Springfield, MO 65801-9464

Performance Plus  
1800 Teague Dr  
Sherman, TX 75090-2640

Pitney Bowes  
2225 American Dr  
Neenah, WI 54956-1005

Print Works - Corporate  
Headquarters  
6955 Lamar Ave  
Paris, TX 75462

Promo Lab  
409 S. Central Expw 107 #508  
Anna, TX 75409

QuadMed, Inc.  
PO Box 550773  
Jacksonville, FL 32255

Red Key Technology  
1800 Teague dr.  
Sherman, TX 75090

Richard W. Hartman, III  
108 S. Lamar St  
108 S. Lamar St.  
Tioga, TX 76271

Roman D. Wilburn  
2300 W. Taylor St. 1401  
Sherman, TX 75092

Roo C Carpenter  
226 Sherwood Dr  
Gordonville, TX 76245-5728

Russell W. Hunter  
901 Sunset St  
Howe, TX 75459-4524

Ryan M. Ward  
701 Verna Ln.  
Denison, TX 75020

Sanitation Solutions, Inc.  
A Wasted Connections Company  
PO Box 6190  
Paris, TX 75461-6190

Sara J. Henne  
PO Box 591  
Bonham, TX 75418

Secure On-Site Shredding,  
Inc.  
1002 N Central Expy Ste 239  
Richardson, TX 75080-4658

Shelby E. Dickerson  
900 Rice St.  
Denison, TX 75020

Shipman Communications  
1815 W Morton St  
Denison, TX 75020-1752

Siddons-Martin Emergency  
Group  
PO Box 679827  
Dallas, TX 75267-9827

Southwest Fannin S.U.D.  
8046 W Highway 56  
Savoy, TX 75479-3448

Sparklight Business  
3720 Texoma Pkwy  
Sherman, TX 75090-1922

Sports Promotion Network  
Po Box 156387  
Fort Worth, TX 76155-1387

Staples Business Credit  
PO Box 105638  
Atlanta, GA 30348-5638

Stericycle, Inc.  
2355 Waukegan Rd.  
Deerfield, IL 60015

Taylor D. Jeffrey  
1704 Timberline Ln.  
Sherman, TX 75092

Texas Comptroller Of Public  
Accounts

State Comptroller of Public Accounts  
Revenue Acct Div-Bk Section  
P.O. Box 13528  
Austin, TX 78711

Texas Mutual

Workers' Compensation Insurance  
Po Box 841843  
Dallas, TX 75284-1843

Texas Workforce Commission

TEC Building- Bankruptcy  
101 E. 15th Street  
Austin, TX 78778

Tex-Oma Builders Supply Co.

2701 Commerce St  
Wichita Falls, TX 76301-8052

Texomacare

PO Box 844707  
Dallas, TX 75284-4707

Timothy L. Sadler

809 W. 8th St.  
Bonham, TX 75418

TXU Energy

Po Box 650700  
Dallas, TX 75265-0700

Tyler C. Lollar

108 Kristy Ct.  
Pottsboro, TX 75076

U.S. Department of Labor  
Legal Counsel  
Office Number N-2700  
200 Constitution Ave Nw  
Washington, DC 20210-0001

Valero  
7201 Canyon Dr  
Amarillo, TX 79110-4339

Verizon  
PO Box 489  
Newark, NJ 07101-0489

VFIS of Texas  
Building 3  
13625 Ronald W Regan Blvd 100  
Cedar Park, TX 78613

Victoria M. Manna  
107 S. Red Bud St.  
Ector, TX 75439

Wakefield & Associates, LLC  
3033 South Parker Road 1010  
Aurora, CO 80014

Wendy Kennedy  
4541 FM 824  
Honey Grove, TX 75446

Wilson N Jones Regional Med  
Center  
500 N Highland Ave  
Sherman, TX 75092

ZI RMED

Elavon  
7300 Chapman Hwy  
Knoxville, TN 37920

Zoll Data Systems

269 Mill Rd  
Chelmsford, MA 01824-4105

Zoll Worldwide Headquarters

269 Mill Rd  
Chelmsford, MA 01824-4105

Fill in this information to identify the case:

Debtor name Bells-Savoy Community Emergency Services, Inc.

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/12/2023  
MM/ DD/ YYYY

X

/s/ Jason Jones

Signature of individual signing on behalf of debtor

Jason Jones

Printed name

Director

Position or relationship to debtor